

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6		5				
7		5				
8		5				
9		5				
10		5				
11		5				
12		5				
13	1					
14						
15						
16						
17						
18						
19						
20		5				
21		5				
22		5				
23						
24						
25						
26						
27	1					
28						
29						
30						
31						
32			1			
33						
34				2		
35				2		
36				2		
37			0	1		
38			1			
39			1			
40				2		
41				2		
42			1			
43				1		
44				1		
45				1		
46			1			
47				1		
48				1		
49						
50						
TOTAL IND.	11		6			
TOTAL DEP.		16		16		
TOTAL CLAIMS			22			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS